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SERIAL NUMBER 10/673,689	FILING DATE 09/29/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 06275-131002
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/066,319 05/08/1998 PAT 6,655,380 *ab*
 which is a 371 of PCT/SE98/00457 03/13/1998

** FOREIGN APPLICATIONS *****

SWEDEN 9700937-7 03/14/1997 *ab*
 SWEDEN 9703829-3 10/21/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/30/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 12	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Audrey Brant</i> Examiner's Signature	<i>ab</i> Initials			

ADDRESS

26161
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 225 FRANKLIN ST
 BOSTON, MA
 02110

TITLE

Inhalation device

<p>FILING FEE RECEIVED 1512</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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